ED 125 REV. 7/03

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Bureau of Educator Preparation and Certification

C.G.S. 10-145 C.G.S. 10-145d, P.A. 03-168 P.O. Box 150471 – Room 243 Hartford, CT 06115-0471 www.state.ct.us/sde

STATEMENT OF PREPARING HIGHER EDUCATION INSTITUTION This institutional recommendation must be signed by the administrative official authorized to make such a recommendation, the dean of education or certification officer, and must include the embossed or colored seal of the college or university. PRINT all information in dark ink and in uppercase letters. LAST NAME FIRST NAME ΜI SOCIAL SECURITY NUMBER BIRTH DATE (Month-Day-Year) - Required NAME OF HIGHER EDUCATION INSTITUTION CITY, STATE, ZIP CODE The section below must be completed fully by the authorized college or university official. The applicant has successfully completed an approved, planned program for certification in: (subject/field/grade) 2a. Student teaching/practica/internship was completed at (school/district) in (grade/subject) ______ from _____ to _____. 2b. Student teaching/practica/internship was completed at (school/district) in (grade/subject) _____ from ____ to ____. 2c. Was student teaching/practica/internship waived on the basis of pre-approved experience? Yes No Please attach a written explanation and a Statement Of Professional Experience form. Subject-area major: 3. Date applicant completed all course work: (mm/dd/yyyy) ___ / __ / ___ / ___ ___ Is the applicant recommended for certification as a school psychologist with an internship deficiency? Yes \(\subseteq \text{No} \subseteq \) 5. Is the applicant recommended for certification without qualification (has satisfactorily completed this institution's approved planned program, has the qualities of character and personal fitness for teaching and is competent in the area for which the endorsement is sought)? Yes SIGNATURE OF DEAN OF EDUCATION OR CERTIFICATION OFFICER (ORIGINAL SIGNATURE: NO SIGNATURE STAMPS ACCEPTED) TYPED OR PRINTED NAME OF PERSON SIGNING ABOVE DATE SIGNED TELEPHONE E-MAIL ADDRESS PLACE COLLEGE **OR UNIVERSITY** Institution Accreditation: Regional Accrediting Agency **SEAL HERE**

Other